

ONE PER FAMILY

Bibs to Bookbags

Child Care Centre Inc.

Registration Form

Child Care Information

On what days of the week do you need child care:

- Monday drop off time _____ pick up _____
- Tuesday drop off time _____ pick up _____
- Wednesday drop off time _____ pick up _____
- Thursday drop off time _____ pick up _____
- Friday drop off time _____ pick up _____
- Casual/Drop in only

I would like my child(ren) to start care on: Month ____ Day ____ Year ____

Contact Information (parent/guardian(s)) If more than one address, please indicate which one is the child's primary address.

Name _____ Relationship to child(ren) _____

Mailing Address _____

Phone _____ (home) _____ (cell) Email _____

Name _____ Relationship to child(ren) _____

Mailing Address _____

Phone _____ (home) _____ (cell) Email _____

Emergency Contact Person (if parents/guardians cannot be reached, **must be within 30 mins of the centre**)

Name _____ Relationship to child(ren) _____

Phone _____ (home) _____ (cell)

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Child(ren) Requiring Care

Child's Name (first and last)	Gender	Child's Birth Date			Attending Preschool, Kindergarten or Grade	Are immunizations up-to-date?
		Month	Day	Year		

If any of these children have allergies, food restrictions or other special needs that we need to be aware of, please tell us about them:

People, other than those listed above, authorized to pick up child(ren)

Will you be using government fee assistance (subsidy)? _____ Client number (if known)

Do you require more information on government subsidy? _____

Consent for use of photos

I am the legal parent/guardian of the child/children above and I give permission for my child to be photographed for the following uses:

Bibs to Bookbags Child Care Centre Inc. promotional material or advertising (including website).

I understand that there will be no payment for my child's participation.

I understand that this permission is effective for as long as my child is registered at Bibs to Bookbags Child Care Centre Inc.

Signature of parent/guardian: _____

Name of parent/guardian (Print): _____

Date: _____